

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-2239

Period Covered From:

Through 12 / 31 / 2005

2. Name of Organization

P.O. Box, Bldg., Room No., if any UAW Ford DEpartment
Street 8000 East Jefferson Avenue
City Detroit
State Michigan ZIP Code + 4 48214

Labor Organization File Number 7000-149

P.O. Box, Building and Room Number, if any
Street 8000 East Jefferson Avenue
City Detroit
State Michigan ZIP Code + 4 48214

5. Position in labor organization. Servicing Representative Ford Dept.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of
monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

7.a. Nature of interest, Transaction, or income.

P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, upon penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in the accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 03/06/2006

734-753-1016

Date

Telephone Number

Name of Person Filing Gordon Rushlau		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Cospass Group USA, INC.</p> <p>Trade Name, if any: Eurest Dining Services</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2400 Yorkmont Road</p> <p>City Charlotte</p> <p>State North Carolina ZIP Code + 4 28217</p>		<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name N/A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>Daughter, Ashley Pawlaczyk, worked for Eurest in the cafeteria for Viateon World Headquarters. Viateon has UAW Represented workers. Ashley only worked the first quarter of the year and is know longer employed by Eurest.</p> <p>11.b. Approximate dollar value of such dealing. \$4,900</p> <p>12.a. Nature of interest held or income received.</p> <p>Wages</p> <p>12.b. Amount.</p>
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment.</p>